

## Minutes of RAC-HLC Teleconference - April 20, 2005

### Attendees:

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### 1) **TOPIC:** Hospital Library Evaluation Workshop

Should we consider development of a Hospital Librarian orientation packet?

#### Discussion: Hospital librarian orientation packet

- In general, it was felt that this would be a worthwhile step and helpful to librarians new to the field from library school, as well as librarians moving to this area from other states. Include individual State organizational materials, as well.
- Need to include information on NAHSL.
- Add appropriate contact lists, including a list of librarians willing to serve as temporary mentors, consult by phone –or– in person, to assist for limited amounts of time.
- Discussion ensued as to whom the packets would be given to: should non-professional librarians receive resources to assist them? This decision will be further discussed and decided at a later date, but there was general agreement that an orientation packet should be assembled at this time.

#### Action Plan: Compile packet

Mark (and the NER) will serve as a central repository for information, so various state organizations, etc. should forward information to him. Materials from the Hospital Library Evaluation Workshop (green folder) should also be included.

#### Team: Margo Coletti, Denise Corless

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Discussion: discussion turned to the workshop held in Shrewsbury, MA on March 4: “*Measuring Your Impact: Using Evaluation to Demonstrate Value.*”

Anne: Good workshop -- could use more help on ROI, mathematical formulations, etc.

Jeannine: What should we recommend that librarians measure? Time spent on various services? The value of “waiting” time to physicians who request services? The number of resources we have in the library and how much they are used? The cost of time lost, opportunity cost? Users do the simpler searches themselves. Searches referred to librarians tend to be the most difficult, complex type of searches.

Barb: Users request help from librarians only when they have been unsuccessful in turning up answers. Should we measure how much time they spent looking?

Mark: How could we translate this into a measurable activity, into something like a product with value?

Anne: Could we have some level of searching statistics captured in the MLA benchmarking data?

Barb: How could we collect the sorts of information we'd like to measure? Could we do our own survey on the NAHSL Listserv? Define a time set to collect data? Analyze results. Produce a helpful list of the types of data that would be collected on a regular basis.

**Action Plan:** work on survey for NAHSL-L; make attempts to define what measurements to track.

**Team:** Barbara Davis, Anne Fladger

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## 2) TOPIC: Library Intervention Model

- Should we devise a form letter to present to hospital administrators to encourage them to hire library professionals?
- Should we organize a “regional intervention team” to arrange “informative meetings” with hospital administrators?
- Should we be concerned with hospital administrators talking about setting up “virtual libraries” to replace hospital libraries?
- How should we address the trend of replacing retired colleagues with untrained non-professionals?

**Discussion:** Library Intervention

Mark: Shirley has had some experience with a project that represented a sort of intervention that paid off – she will explain.

Barb: Are we talking about the actual closing of libraries –or- are we talking about library professional staff being replaced with non-professionals?

Mark: We're talking about both situations. I have some numbers on actual library closings over past couple years. This is a national problem.

Shirley: I worked on a project at the invitation of Fran Becker. We held focus groups from 9:00 a.m. to 4:00 p.m. one day, about 45 minutes per group, 8-12 individuals in each group. The groups were by invitation and were meant to represent the diversity of patrons at Baystate (BMC), as well as those who did not use the library (i.e., doctors, nurses, etc.) All groups were asked the same questions: When did you last use the Library? How do you use the Library? What is the role of the Library in the Hospital Setting? How does Baystate measure up to fulfilling this role? Please identify any gaps. The final report was shared with Administration.

Question: How would an “intervention team” be notified, requested to go to a particular site?

Mark: by word-of-mouth, advertisements, job postings, discussions at local library group meetings, etc.

Barb: I am soon changing positions and I'm very interested in this “intervention team.”

Shirley: I'm willing to work on it. Should we market it to ALL librarians, so they will know firsthand about the possibility of changes within their own libraries?

**Action Plan:** Compile materials. Conduct review of all materials. Develop intervention model, to include a.) Toolkit (needs assessment, sample satisfaction survey, letter template and sample report for administration, sample cost/benefit analysis, etc.); and b.) Guidelines (recommended procedures, process definition, team composition, etc.)

**Team:** Shirley Gronholm, Claire LaForce, Mark Goldstein, Barbara Davis (after her move to Newport)

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**3) TOPIC:        Status of state adoption of MLA Hospital Library standards**

- a.) Report on CMS / Colorado (Jeannine)
- b.) Report on MMS / Massachusetts (Anne)
- c.) Other state reports?

**Discussion:**

Jeannine: Colorado – the Colorado Council of Medical Librarians (CCML) finally had the opportunity to present their case before the Colorado Medical Society, and the Society had agreed (on a trial basis) to have a medical librarian present at each survey visit. (A survey entails accreditation for an institution to offer CME credit.) The question of reimbursement for travel came up, as Colorado is such a large state, travel to conduct such surveys could be quite expensive. The Colorado Council of Medical Librarians will fund this venture temporarily, and a combination of both on-site and phone visits will be used.

Jeannine: Connecticut – revisions to the MLA Standards were presented to the CT Medical Society and they adopted the Standards with revisions.

Anne: Massachusetts – The issue of the Medical Society adopting MLA Standards is “dead in the water” at this point. There has been organizational restructuring within the Society, and so far, the current membership is less interested.

Sheila: New Hampshire – Sheila has managed to get herself appointed to the Medical Society’s Committee that will be working on revising the application procedure for CME accreditation, and hopes to be able to work on the MLA standards issue through this venue at some point in the future.

Jeannine: Suggestion – look at application procedures in other states, such as NY and NJ.

Sheila: contacted the Vermont State Medical Society and inquired regarding the fact that the University of Vermont handles CME accreditation, not the society.

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**4.) TOPIC:        Developing a Hospital Library CE course**

Jeannine would like to discuss course development to be offered in 2006

**Discussion:**

A survey was sent to all NAHSL members to determine interest in a CE course specifically focused on hospital libraries at next NAHSL meeting. It revealed that a 4-hour Sunday afternoon CE course was preferred. Hospital libraries are significantly different than academic institutions and this affects their core functions, aspects of technology used, etc. A hospital administrator may be part of the course discussion. Amy Frey will address topics relating to hospital libraries that will need more research.

Margo: This course sounds like it will be of value to library students.

Jeannine: Sure, it could be integrated into the library school curriculum.

Mimi: I’m taking library courses right now, and I can tell you that the faculty is weak on the area of hospital libraries.

**Action Plan:** Jeannine awaits word on course acceptance from NAHSL CE Committee.

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5) **TOPIC:**        **Hospital Librarians and Their Role in Patient Education**

Devise a strategy to introduce the library as a disseminator of patient education tools and materials.

**Discussion:**

Anne: The role of the librarian differs greatly from hospital to hospital. Patient education may be handled separately and outside of the Library.

Claire: I'm happy to discuss how this had evolved at RPMC over past several years: the Patient Education Committee, Literacy Task Force, use of Micromedex, etc. [It's a] long process.

Jeannine: I chair the Patient Education Committee. We worked to systematically review the patient education materials in each inpatient unit (for starters) and updated handouts. We coordinated among units, and communicated procedures to each. The problem now is follow-through and documentation.

Sheila: What is included in patient education exactly? -- need to get a handle on this. Best way to get consumers to use the library is to partner with the Public Library, share resources, refer walk-ins to each other, offer to teach Lonesome Doc, etc.

**Action Plan:** Sheila will be presenting to the NECHI library group on June 7.

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Mark: The minutes of this meeting will be shared via email. Was the audio teleconference a suitable format for our meeting?

Shirley suggested that RAC members who are attending MLA should meet for dinner on May 17, Tuesday night after the HL Section meeting; we'll meet at 8:00 - place to be decided.